ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Sullivan County Community Hospital

City: Sullivan   County: Sullivan   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	4	138	690	$7,327
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	30	1,521	4,986	$3,130
Neonatal Intermed	0	0	0	$0
Obstetrics	3	130	282	$2,845
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	99	834	NA
Acute Subtotal	37	1,888	6,792	NA
Normal Newborn	3	130	248	$1,072

II. Outpatient Visits			
Circulatory System	2,016	Digestive System	707
Endocrine System	1,769	Injuries and Poison	2,700
Mental Disorder	278	Musculoskeletal	1,655
Neoplasms	633	Nervous	843
Respiratory	1,609	Urinary	1,059
Other/Unknown	1,202	Total Visits	14,471
Number of Visits to Emergency Department			8,687
Percent of Emergency Department Visits of Total Visits			60.0%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
Y - Optometric Service	Y - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	N - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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